

EMPLOYMENT AGENCY SURETY BOND

BUSINESS AND PROFESSIONS DIVISION EMPLOYMENT AGENCY SECTION P.O. BOX 9034 OLYMPIA, WA 98507-9034

☐ Sole Proprietor ☐ Partnership ☐ Corporation KNOW ALL PERSONS BY THESE PRESENTS: That	
	APPLICANT/OWNER
doing business as	BUSINESS NAME
as Principal, at the following address	BUSINESS ADDRESS and/or
OF WASHINGTON in the sum of \$2000 Dollars lawful money	ate ofshington, as Surety, are held and firmly bound unto the STATE of the United States of America to be paid to the said State of ind ourselves, our heirs, executors, administrators, successors
Employment Agency license by the Business and Professions	HAT: Whereas, the said principal has made application for an Division of the State of Washington for carrying on the business is required by Chapter 19.31 RCW to furnish a bond in the penal ned as required by said law.
and with all rules and regulations adopted by the Director of the I of Chapter 19.31 RCW and will pay all amounts that may be adj	e provisions of Chapter 19.31 RCW of the State of Washington Department of Licensing, of said state pursuant to the provisions judged against principal by reason of violation of Chapter 19.31 conduct of principal's business as an Employment Agency then in in full force and effect.
agent of Chapter 19.31 RCW or any rules or regulations adopte	oal for damage as a result of any violation by principal or his/hered pursuant thereto may bring a suit on this bond in the Superiord, or of any county in which jurisdiction of the principal may be
the penal sum of this bond. PROVIDED FURTHER: That the Bu prior to the cancellation of this bond, along with the reason for ca t expressly provides that it will be effective for one year followi	ety hereunder for any and all claims presented shall not exceed usiness and Professions Divisions shall be notified ten (10) days neellation or termination. No bond filed shall be approved unlessing the effective date of its cancellation or termination, whether e, or otherwise, as to any covered act or acts and omission or e date of cancellation or termination.
N WITNESS WHEREOF, the said principal and the said Sure	ety have affixed their hands and seal this
day of	Effective date of bond
	Bond Number
SIGNATURE OF PRINCIPAL	SURETY
SIGNATURE OF APPLICANT/OWNER OR INDIVIDUAL AUTHORIZED TO SIGN FOR PARTNERSHIP OR CORPORATION (SURETY SEAL)	Name Attorney-in-Fact Agency Name
	Resident Agent
	Address